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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	 heck if this is ar mended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Pamela First name S. Middle name	First name Middle name
	Bring your picture identification to your meeting with the trustee.	Wills Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7652	

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Debtor 1 Pamela S. Wills Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs. Business name(s) EIN	☐ I have not used any business name or EINs. Business name(s) EIN
5.	Where you live	8687 Daugherty Marks Rd. Hamersville, OH 45130	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code Brown County If your mailing address is different from the one	Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it
		above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code	in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) 	 ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District District When Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? □ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Pamela S. Wills

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Debtor 1 Pamela S. Wills Case number (if known) Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time ■ No. Go to Part 4. husiness? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or Bankruptcy Code, and you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, are you a small business cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. debtor or a debtor as § 1116(1)(B). defined by 11 U.S.C. § 1182(1)? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I ☐ Yes. choose to proceed under Subchapter V of Chapter 11. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat What is the hazard? of imminent and identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or Where is the property? livestock that must be fed, or a building that needs urgent repairs? Number, Street, City, State & Zip Code

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Debtor 1 Pamela S. Wills Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debter 1.

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1 Pamela S. Wills				Case number	(if known)
Part	t 6: Answer These Quest	ions for Re	porting Purposes			
16a. What kind of debts do you have? 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(a individual primarily for a personal, family, or household purpose." □ No. Go to line 16b.						
			☐ No. Go to line 16b.			
			Yes. Go to line 17.			
		16b.	Are your debts primarily money for a business or inv			
			□ No. Go to line 16c.			
			☐ Yes. Go to line 17.			
		16c.	State the type of debts you	owe that are not consum	ner debts or business	debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7 are paid that funds will be a			rty is excluded and administrative expenses
	administrative expenses		■ No			
	are paid that funds will be available for		□ Yes			
	distribution to unsecured creditors?					
18.	How many Creditors do	■ 1-49		☐ 1,000-5,000		☐ 25,001-50,000
	you estimate that you owe?	■ 1-49 □ 50-99		□ 5001-10,000		☐ 50,001-100,000
	owe:	□ 100-19		1 0,001-25,00	00	☐ More than100,000
		□ 200-99				
19.	How much do you	□ \$0 - \$£	50,000	□ \$1,000,001 -	\$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	\$10,000,001		☐ \$1,000,000,001 - \$10 billion
			001 - \$500,000	□ \$50,000,001 □ \$100,000,00		☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
		□ \$500,0	001 - \$1 million	\$100,000,00	1 - \$500 111111011	inore trail \$30 billion
20.	How much do you	□ \$0 - \$ <u>\$</u>	50,000	□ \$1,000,001 -		☐ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		01 - \$100,000	\$10,000,001		□ \$1,000,000,001 - \$10 billion
			001 - \$500,000	□ \$50,000,001 □ \$100,000,00		☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
		□ \$500,0	001 - \$1 million	— \$100,000,00	1 - \$300 million	Unione than 450 billion
Part	7: Sign Below					
For	you	I have ex	amined this petition, and I de	eclare under penalty of pe	erjury that the informa	ation provided is true and correct.
						under Chapter 7, 11,12, or 13 of title 11, lose to proceed under Chapter 7.
			rney represents me and I did t, I have obtained and read t			an attorney to help me fill out this
		I request	relief in accordance with the	e chapter of title 11, Unite	d States Code, speci	fied in this petition.
		bankrupto and 3571	cy case can result in fines up			property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Pamela	ela S. Wills S. Wills		Signature of Debtor	2
			e of Debtor 1		J 2 22 2 22.00	
		Executed	•••••••••••••••••••••••••••••••••••••••		Executed on	
			MM / DD / YYYY		MM /	DD / YYYY

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Debtor 1 Pamela S. Wills Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Richard A Sadoff	Date	January 22, 2021	
Signature of Attorney for Debtor		MM / DD / YYYY	
Dishard A Cadoff			
Richard A Sadoff			
Printed name			
Law Office of Richard A. Sadoff, Attorney-at-	-Law		
Firm name			
10901 Reed Hartman Hwy.			
Ste. 110			
Cincinnati, OH 45242			
Number, Street, City, State & ZIP Code			
Contact phone 513-791-6222	Email address	surf@fuse.net	
OH Bar No: 0082991 OH			
Description 0 Otata			

	Case 1	1:21-bk-10158		Filed 01/22 Document		Entered 01 e 8 of 57	/22/21 15	:54:38	Des	c Main
Fill	in this informa	ation to identify your o		Jocument	ray	C 0 01 31				
	otor 1	Pamela S. Wills								
		First Name	Middle Nar	ne	Last Nar	ne				
	otor 2 ouse if, filing)	First Name	Middle Nar	me	Last Nar	ne				
Uni	ted States Bank	kruptcy Court for the:	SOUTHERN	DISTRICT OF C	OHIO					
Cas	se number									
(if kn	nown)							[k if this is an ded filing
	,				,			_	amen	ded IIIIIg
Ot	ficial For	106Cum								
		<u>m 106Sum</u> Your Assets a	nd Liahili	ities and (Cartain	Statistica	l Informa	tion		12/15
		d accurate as possible								
		ut all of your schedule s, you must fill out a r						amende	d schedu	les after you file
		rize Your Assets				, тор от шио рад	9			
ı aı	CI. Odillilla	nze rour Assets								
									Your a	ssets of what you own
1.	Schedule A/E	3: Property (Official Fo	rm 106A/B)							
	1a. Copy line	55, Total real estate, fr	om Schedule A	/B					\$	300,000.00
	1b. Copy line	62, Total personal prop	erty, from Sche	edule A/B					\$	60,019.46
	1c. Copy line	63, Total of all property	on Schedule A	√B					\$	360,019.46
Par	t 2: Summar	rize Your Liabilities								
									Your li	abilities
									Amour	t you owe
2.		Creditors Who Have Cla total you listed in Colun					art 1 of Sched	ule D	\$	204,884.34
3.		: Creditors Who Have U total claims from Part 1				of Schedule E/F	Ę		\$	9,668.59
	3b. Copy the	total claims from Part 2	2 (nonpriority ur	nsecured claims	s) from line	6j of Schedule	E/F		\$	48,312.00
								Γ		
							Your total lia	abilities	\$	262,864.93
Par	t 3: Summar	rize Your Income and	Expenses							
4.		our Income (Official Formula monthly income		f Schedule I					\$	4,830.02
5.		our Expenses (Official onthly expenses from lin		dule J					\$	4,808.00

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 - □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 - Yes
- What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Pamela S. Wills Case number (if known)

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

\$_____6,270.02

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total c	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	9,668.59
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	9,668.59

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			Doc	ument	Page 10 of 57			
Fill in this inforr	mation to identify you	r case and th	is filing	j:				
Debtor 1	Pamela S. Wills							
Debtor 1	First Name	Middle	Name		Last Name			
Debtor 2								
(Spouse, if filing)	First Name	Middle	Name		Last Name			
United States Ba	ankruptcy Court for the:	SOUTHER	N DISTI	RICT OF OH	0			
								_
Case number _								Check if this is an
							_	amended filing
Official Fo	rm 106A/B							
Schedul	e A/B: Prop	ertv						12/15
					an asset fits in more than	1	:	
Answer every ques		•			ne top of any additional pa wn or Have an Interest In	ges, write your	name and case	e number (if known).
De vou eur er l	hava any logal ar aquitah	la interest in a	ny rooid	once building	, land, or similar property			
. Do you own or i	nave any legal of equitab	ie interest in a	ny resid	ence, building	, ianu, or similar property	ſ		
☐ No. Go to Par	rt 2.							
Yes. Where is	s the property?							
	gherty Marks Rd. if available, or other descriptio	n	What	Single-family Duplex or mu	ry? Check all that apply home Iti-unit building n or cooperative	the amour	nt of any secure	aims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property</i> .
					d or mobile home	Current v	alue of the	Current value of the
Hamersvi	lle OH 45	130-0000		Land		entire pro		portion you own?
City	State	ZIP Code		Investment p	roperty	\$3	300,000.00	\$300,000.00
				Timeshare				our ownership interest
			Wha	Other	t in the preparty?		fee simple, ten: ite), if known.	ancy by the entireties, or
				Debtor 1 only	t in the property? Check on	fee sim	•	
Brown			_	-			F · · ·	
County					Debtor 2 only			
					of the debtors and another		ck if this is com nstructions)	munity property
					ou wish to add about this	item, such as I	ocal	
			land	and doubl	e wide			
					from Part 1, including			\$300,000.00
payes you n	iave allacileu for Part	i. wille that	numbe				=/	

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Model: Pi Year: 20 Approximate of Other information Make: 20		Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property	Do not deduct secured class the amount of any secure Creditors Who Have Claim Current value of the entire property?	ed claims on Schedule D:
Make: Ho Pi Year: 20 Approximate Other informate Make: 20	ilot 018 mileage: 60,000	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	the amount of any secure Creditors Who Have Clair Current value of the	ed claims on Schedule D:
Model: Pi Year: 20 Approximate of Other information Make: 20	ilot 018 mileage: 60,000	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	the amount of any secure Creditors Who Have Clair Current value of the	ed claims on Schedule D:
Model: Pi Year: 20 Approximate of Other information Make: 20	ilot 018 mileage: 60,000	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Creditors Who Have Clair Current value of the	
Year: 20 Approximate of Other information Make: 20	018 mileage: 60,000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the	ins secured by Property.
Approximate of Other information Make: 20	mileage: 60,000	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another —		
Other informa		☐ At least one of the debtors and another		Current value of the portion you own?
		<u>_</u>		,
		☐ Check if this is community property		
		(see instructions)	\$20,729.00	\$20,729.0
	010	Who has an interest in the property? Check one	Do not deduct secured cla	
Model: Fu	usion	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	ord	Debtor 2 only	Current value of the	Current value of the
Approximate i	mileage: 120,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other informa	ation:	☐ At least one of the debtors and another		
		☐ Check if this is community property (see instructions)	\$2,229.00	\$2,229.0
Make: CI	layton	Who has an interest in the property? Check one	Do not doduct consider	-i D. 4
	oublewide	■ Debtor 1 only	Do not deduct secured cla the amount of any secure	
	018	- Deplor Formy		ed claims on <i>Schedule D</i>
1 cai		Пънго		ed claims on Schedule Dams Secured by Property.
	010	Debtor 2 only	Current value of the	ed claims on Schedule Doms Secured by Property. Current value of the
Other informa		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		ed claims on Schedule Dams Secured by Property.

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D	eptor 1	Pameia S. Wills	ase number (if known)	
7.	Electron Example	es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printer including cell phones, cameras, media players, games	rs, scanners; music collections	; electronic devices
	☐ Yes.	Describe		
8.	Example ■ No	oles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art other collections, memorabilia, collectibles	objects; stamp, coin, or baseb	all card collections;
	☐ Yes.	Describe		
9.	Example _	ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf musical instruments	f clubs, skis; canoes and kayak	ks; carpentry tools;
	■ No □ Yes.	Describe		
10	. Firearm Examp ■ No	ns oles: Pistols, rifles, shotguns, ammunition, and related equipment		
	☐ Yes.	Describe		
11	□ No ·	s les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe		
	— 165.			
		Wearing Apparel		\$1,250.00
13	■ No □ Yes. Non-far Examp ■ No □ Yes.	bles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewe Describe rm animals bles: Dogs, cats, birds, horses Describe her personal and household items you did not already list, including any health aid.		r
		Give specific information		
1		he dollar value of all of your entries from Part 3, including any entries for pages yourt 3. Write that number here	u have attached	\$8,450.00
P	art 4: Des	scribe Your Financial Assets		
D	o you ow	n or have any legal or equitable interest in any of the following?	por Do	rent value of the tion you own? not deduct secured ms or exemptions.
16	■ No	oles: Money you have in your wallet, in your home, in a safe deposit box, and on hand who	en you file your petition	
17		ts of money oles: Checking, savings, or other financial accounts; certificates of deposit; shares in credi institutions. If you have multiple accounts with the same institution, list each.	it unions, brokerage houses, a	nd other similar

☐ No

Official Form 106A/B Schedule A/B: Property page 3

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Debto	Pamela S. W	/ills			Case number (if know	wn)
■、	Yes			Institut	ion name:	
		17.1.	ck	Fifth	Third	\$716.46
		17.2.	sv	Pathy	vay Financial C/U	\$5.00
18. B o	onds, mutual funds,	or publicly	traded stock	S		
E:		investmen	t accounts with	brokerage firms,	money market accounts	
`	Yes	In	stitution or issu	uer name:		
	on-publicly traded st int venture	ock and in	terests in inco	orporated and u	nincorporated businesses, including an inte	erest in an LLC, partnership, and
□ `	Yes. Give specific inf		oout them e of entity:		% of ownership:	
20 G C	overnment and corn	orate hond	s and other n	egotiable and no	on-negotiable instruments	
N	egotiable instruments	include pe	rsonal checks,	cashiers' checks	, promissory notes, and money orders. cone by signing or delivering them.	
1 = 1						
Ц,	Yes. Give specific info		out them r name:			
			., Keogh, 401(k	x), 403(b), thrift sa	avings accounts, or other pension or profit-shar	ing plans
	งo Yes. List each accour	t congratel	.,			
_	res. List each accour		account:	Institut	tion name:	
		401-K		Pensi	ion	\$7,240.00
Y		d deposits	you have made		continue service or use from a company (electric, gas, water), telecommunications com	panies, or others
= 1	No					
□ `	Yes			Institut	ion name or individual:	
	•	or a periodio	payment of m	oney to you, eith	er for life or for a number of years)	
■ ı		suer name	and description	٦.		
	erests in an education U.S.C. §§ 530(b)(1),			a qualified ABLI	E program, or under a qualified state tuition	program.
■		stitution na	me and descrip	otion. Separately	file the records of any interests.11 U.S.C. § 521	I(c):
25. Tr i	usts, equitable or fu	ture intere	sts in property	y (other than an	ything listed in line 1), and rights or powers	exercisable for your benefit
	No					•
□ `	Yes. Give specific inf	ormation al	oout them			
_E:	•				lectual property ties and licensing agreements	
■ I	No Yes. Give specific inf	ormation al	oout them			
_E:	, , ,				siation holdings, liquor licenses, professional lice	enses
■ ı	No Yes. Give specific inf	ormation at	oout them			

Case 1:21-bk-10158 Doc 1 Filed 01/22/21 Entered 01/22/21 15:54:38 Desc Main Page 14 of 57 Document Debtor 1 Pamela S. Wills Case number (if known) Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: employer term ins. **Daughter** \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$7.961.46

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

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	Document Page 15 of 57	
Debto	Pamela S. Wills Case number (if known)	
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.	
	you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
	Yes. Go to line 47.	
	Yes. Go to line 47.	Current value of the portion you own? Do not deduct secured claims or exemptions.
E	rm animals xamples: Livestock, poultry, farm-raised fish	
	No Yes	
	2 cows	\$650.00
48. Cr e	ops—either growing or harvested	
	Yes. Give specific information	
49. Fa	rm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	No	
	Yes	
50 Fa	rm and fishing supplies, chemicals, and feed	
. Ta		
-	Yes	
ວ1. An I∎	y farm- and commercial fishing-related property you did not already list	
	งo Yes. Give specific information	
	res. Give specific information	
FO. A	dd the deller value of all of various entries from Bort C including any entries for page various bare attached	
_	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached or Part 6. Write that number here	\$650.00
	L	
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above	
E	you have other property of any kind you did not already list? xamples: Season tickets, country club membership	
■ N		
ЦΥ	Yes. Give specific information	
E1 A	add the dellar value of all of your entries from Bort 7. Write that number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 6

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Debtor 1 Pamela S. Wills Case number (if known) List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$300,000.00 Part 2: Total vehicles, line 5 \$42,958.00 57. Part 3: Total personal and household items, line 15 \$8,450.00 58. Part 4: Total financial assets, line 36 \$7,961.46 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$650.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$60,019.46 Copy personal property total \$60,019.46 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$360,019.46

Official Form 106A/B Schedule A/B: Property page 7

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rmation to identify your	case:			
Pamela S. Wills				
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
				☐ Check if this is an
				amended filing
	Pamela S. Wills First Name	First Name Middle Name First Name Middle Name	Pamela S. Wills First Name Middle Name Last Name First Name Middle Name Last Name	Pamela S. Wills First Name Middle Name Last Name First Name Middle Name Last Name

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
8687 Daugherty Marks Rd. Hamersville, OH 45130 Brown	\$300,000.00		\$131,247.66	Ohio Rev. Code Ann. § 2329.66(A)(1)
County land and double wide Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
Ford 2010 Fusion 120,000 miles	\$2,229.00		\$2,229.00	Ohio Rev. Code Ann. § 2329.66(A)(2)
Ellie Holli Geriedale A.B. 3.2			100% of fair market value, up to any applicable statutory limit	2020.00(A)(2)
2018 Clayton Doublewide Affixed to land	\$20,000.00		\$14,177.34	Ohio Rev. Code Ann. § 2329.66(A)(1)
Line from Schedule A/B: 4.1			100% of fair market value, up to any applicable statutory limit	2525.65((-),(-)
2018 Clayton Doublewide Affixed to land	\$20,000.00		\$675.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
Line from Schedule A/B: 4.1			100% of fair market value, up to any applicable statutory limit	2020.00(.1)(.10)

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De	btor 1 Pa	mela S. Wills			Case number (if known)	
		cription of the property and line on A/B that lists this property	Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
		oom furniture, 500.00, TV, table & chairs, 300.00,	\$7,200.00		\$7,200.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	1,500.00 dresser 100.00, misc, 3 mower,	ware, 400.00, appliances, 0, beds, mattresses and 400.00, lamps and table, CD, 100.00, phone, 200.00, 00.00, John Deer riding 3,000.00 a Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
		g Apparel n Schedule A/B: 11.1	\$1,250.00	•	\$1,250.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
					100% of fair market value, up to any applicable statutory limit	
	ck: Fiftl	n Third n Schedule A/B: 17.1	\$716.46		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
					100% of fair market value, up to any applicable statutory limit	· / / /
		hway Financial C/U a Schedule A/B: 17.2	\$5.00		\$5.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
					100% of fair market value, up to any applicable statutory limit	
		Pension Schedule A/B: 21.1	\$7,240.00		\$7,240.00	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)
					100% of fair market value, up to any applicable statutory limit	
	2 cows	n Schedule A/B: 47.1	\$650.00		\$650.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
					100% of fair market value, up to any applicable statutory limit	(,, ,
	wages Line from	n Schedule A/B:	\$4,813.73	-	\$4,813.73	Ohio Rev. Code Ann. § 2329.66(A)(13)
					100% of fair market value, up to any applicable statutory limit	(,, ,
3.		claiming a homestead exemption to adjustment on 4/01/22 and every			led on or after the date of adjustmer	nt.)
	☐ Yes	. Did you acquire the property cover	ed by the exemption wi	thin 1	,215 days before you filed this case	?
		No				
		Yes				

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		Document F	Page 19	of 57		
Fill in	this information to identif	y your case:				
Debto	r 1 Pamela S. V	Wills				
	First Name	Middle Name	Last Name		-	
Debtoi (Spouse		Middle Name	Last Name			
United	States Bankruptcy Court fo	or the: SOUTHERN DISTRICT OF OHIC)			
Case r	number n)				_	if this is an ded filing
	<u>ial Form 106D</u> edule D: Credit	ors Who Have Claims S	ecured	by Propert	у	12/15
is neede		sible. If two married people are filing together fill it out, number the entries, and attach it to				
1. Do ar	ny creditors have claims secu	red by your property?				
	No. Check this box and su	bmit this form to the court with your other so	chedules. Yo	u have nothing else t	o report on this form.	
	Yes. Fill in all of the inform	ation below.		-		
Part 1						
			tor congrately	Column A	Column B	Column C
for eacl	h claim. If more than one credi	or has more than one secured claim, list the credit tor has a particular claim, list the other creditors in habetical order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 E	Brown County Auditor	Describe the property that secures the	e claim:	\$1,301.34	\$300,000.00	\$0.00
8	Room Mt Orab Pk	8687 Daugherty Marks Rd. Hamersville, OH 45130 Brown County land and double wide As of the date you file, the claim is: Chapply.				
_	Georgetown, OH 45121	Contingent				
Ν	lumber, Street, City, State & Zip Coo	_				
Who o	wes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
	otor 1 only otor 2 only	☐ An agreement you made (such as mo car loan)	ortgage or secu	ıred		
☐ Deb	otor 1 and Debtor 2 only	■ Statutory lien (such as tax lien, mech	anic's lien)			
☐ At le	east one of the debtors and and	other				
☐ Che	eck if this claim relates to a	Other (including a right to offset)	axes			

community debt

Date debt was incurred 2020

Last 4 digits of account number

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Debtor 1 Pamela S. Wills		Case number (if known)		
First Name Middle N	lame Last Name	_		
2.2 First State Bank	Describe the property that secures the claim:	\$167,451.00	\$300,000.00	\$0.00
Creditor's Name	8687 Daugherty Marks Rd. Hamersville, OH 45130 Brown County land and double wide			
	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	■ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or s car loan)	secured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
2.3 Honda Finance	Describe the property that secures the claim:	\$36,132.00	\$20,729.00	\$15,403.00
Creditor's Name	2018 Honda Pilot 60,000 miles			
P.O. Box 168088 Irving, TX 75016	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or s car loan)	secured		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
Add the deller value of your antice in 6	Column A on this name. Write that number have	\$204 994 24	╗	
If this is the last page of your form, add	Column A on this page. Write that number here:	\$204,884.34	=	
Write that number here:	ac raido totalo iroin dii pagosi	\$204,884.34	· [

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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			Docum	nent Page 21 or s	07					
Fill	in this info	rmation to identify your ca	ise:							
Deb	otor 1	Pamela S. Wills								
		First Name	Middle Name	Last Name						
	otor 2									
(Spo	use if, filing)	First Name	Middle Name	Last Name						
Unit	ted States E	Bankruptcy Court for the:	SOUTHERN DISTR	CT OF OHIO						
Coo	o number									
(if kn	se number own)					☐ Check	t if this is an			
						ameno	ded filing			
~ · ·		4005/5								
		m 106E/F		1.01.1			40/45			
		E/F: Creditors Wh		cured Claims th PRIORITY claims and Part 2 for			12/15			
Sche Sche eft. / name	edule G: Exec edule D: Crec Attach the Co e and case n	cutory Contracts and Unexpir litors Who Have Claims Secu	ed Leases (Official For red by Property. If mor . If you have no inform	aim. Also list executory contract m 106G). Do not include any cre e space is needed, copy the Part ation to report in a Part, do not f	ditors with partially s you need, fill it out,	secured claims that number the entries	are listed in in the boxes on the			
		itors have priority unsecured								
	☐ No. Go to									
	Yes.									
	identify what possible, list Part 1. If mor	type of claim it is. If a claim has the claims in alphabetical order e than one creditor holds a part	both priority and nonpri- according to the credito icular claim, list the othe	nan one priority unsecured claim, list ority amounts, list that claim here a r's name. If you have more than twoor creditors in Part 3.	nd show both priority a	and nonpriority amour	nts. As much as			
		,		,	Total claim	Priority amount	Nonpriority amount			
2.1	Intern	al Revenue Service	Last 4 digit	s of account number	\$9,668.59	\$9,668.59				
	J	Creditor's Name								
	_	Sox 7346	When was	the debt incurred? 2018		_				
		Ielphia, PA 19114 Street City State Zip Code	As of the d	ate you file, the claim is: Check a	all that apply					
	Who incur	red the debt? Check one.	☐ Continge	ent						
	■ Debtor 1	l only	Unliquid	ated						
	Debtor 2	2 only	☐ Disputed							
	Debtor 1	I and Debtor 2 only	•	IORITY unsecured claim:						
		one of the debtors and another	• •	c support obligations						
	_	f this claim is for a communi	<u></u>	nd certain other debts you owe the	government					
		subject to offset?		or death or personal injury while yo	J					
	■ No	•	☐ Other. S		a word intoxicated					
	☐ Yes		L outer. o	1040			=			
Par	t 2: List	All of Your NONPRIORITY	Unsecured Claims							
		List All of Your NONPRIORITY Unsecured Claims ny creditors have nonpriority unsecured claims against you?								
	☐ No. You h	nave nothing to report in this pai	t. Submit this form to the	e court with your other schedules.						
	Yes.									
	unsecured cl	aim, list the creditor separately	or each claim. For each	order of the creditor who holds claim listed, identify what type of c art 3.If you have more than three n	laim it is. Do not list cl	aims already included	I in Part 1. If more			

Total claim

Part 2.

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Case number (if known)

Deptor	Pameia S. Wills	Case number (if known)	
4.1	Barclay Bank	Last 4 digits of account number	\$4,378.00
	Nonpriority Creditor's Name PO Box 8803 Wilmington, DE 19899	When was the debt incurred? 2015	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify acct.	
4.2	Capio Partners	Last 4 digits of account number	\$364.00
	Nonpriority Creditor's Name 1745 N Brown Rd	When was the debt incurred? 2020	
	#450	When was the debt incurred:	
	Lawrenceville, GA 30043	_	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	Пол	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify acct.	
4.3	Citi Card	Last 4 digits of account number	\$3,526.00
	Nonpriority Creditor's Name PO Box 9001037	When was the debt incurred? 2017	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The or and date you me, and disamine of one of an anal apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify acct.	

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Debtor	1 Pamela S. Wills	Case number (if known)				
4.4	Discover Card	Last 4 digits of account number	\$11,247.00			
	Nonpriority Creditor's Name P.O. Box 6011	When was the debt incurred? 2014				
	Dover, DE 19903 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify acct.				
4.5	Fifth Third Bank	Last 4 digits of account number	\$12,673.00			
	Nonpriority Creditor's Name P.O. Box 630778 Cincinnati, OH 45263	When was the debt incurred? 05/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify acct.				
4.6	Fifth Third Bank Nonpriority Creditor's Name	Last 4 digits of account number	\$3,469.00			
	P.O. Box 630778 Cincinnati, OH 45263	When was the debt incurred? 2019				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	□ Debts to pension or profit-sharing plans, and other similar debts				
	■ No □ Yes					
	□ res	Other Specify acct.				

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Pameia S. Wills	Case number (if known)	
JP Morgan Chase Nonpriority Creditor's Name	Last 4 digits of account number	\$4,2
PO Box 659754 San Antonio, TX 78265	When was the debt incurred? 2015	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not	
<u> </u>	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No □ Yes	■ Other. Specify acct.	
	— Giler. Specify	
Synchrony Bank	Last 4 digits of account number	\$4,3
Nonpriority Creditor's Name PO Box 960061	When was the debt incurred? 2018	
Orlando, FL 32896 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	☐ Contingent	
Debtor 1 only	■ Unliquidated	
Debtor 2 only	_ `	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify acct.	
Synchrony Bank	Last 4 digits of account number	\$4,0
Nonpriority Creditor's Name PO Box 960061 Orlando, FL 32896	When was the debt incurred? 2012	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify acct; Lowes	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

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Debtor 1 Pamela S. Wills

Case number (if known)

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 9,668.59
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 9,668.59
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 48,312.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 48,312.00

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Pamela S. Wills			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the street, City, State and ZIF	e contract or lease ^o Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.4	-				
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	_

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		Docume	ili Faye 21 C	1 37	
Fill in this i	nformation to identify your	case:			
Debtor 1	Pamela S. Wills				
20010	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case numbe	or				
(if known)	EI				☐ Check if this is an
					amended filing
Official	Form 106H				
Schedi	ule H: Your Cod	ebtors			12/15
■ No □ Yes	ou have any codebtors? (If	you are ming a joint case,	uo not iist either spouse	as a codeptor.	
	in the last 8 years, have you , California, Idaho, Louisiana				y states and territories include
■ No. 0	Go to line 3.				
☐ Yes.	Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line 2	2 again as a codebtor only i 06D), Schedule E/F (Officia	f that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
C	olumn 1: Your codebtor			Column 2: The cre	editor to whom you owe the debt
Na	ame, Number, Street, City, State and Z	IP Code		Check all schedule	es that apply:
3.1				Cohodulo D. line	_
	ame			☐ Schedule D, line ☐ Schedule E/F, li	
				Schedule G, line	
				— Schedule G, IIII	
	umber Street ity	State	ZIP Code		
C	пу	State	ZIP Code		
2.2				П 0-44-14- В 19	
3.2	ame			Schedule D, line	
.,,				☐ Schedule E/F, li	
				☐ Schedule G, line	U
	umber Street		·		
С	ity	State	ZIP Code		

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						•				
	in this information to identify your obtor 1 Pamela S. V									
	btor 2				_					
'	ited States Bankruptcy Court for the	e: SOUTHERN DISTRIC	CT OF OHIO							
Cas	se number		-				if this is:			
						☐ A :	suppleme	ent showing	g postpetition ollowing date:	
0	fficial Form 106I					M	M / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/15
atta	use. If you are separated and you ch a separate sheet to this form. Describe Employment Fill in your employment information.	On the top of any additi				d case nui	mber (if I	known). A		
			■ Employed				☐ Emplo		mig spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed ■ Not employed				□ Not e	•		
	employers.	Occupation	labor							
	Include part-time, seasonal, or self-employed work.	Employer's name	Ford Motor Co.							
	Occupation may include student or homemaker, if it applies.	Employer's address	One American I Dearborn, MI 48							
		How long employed t	here? <u>1 yr</u>				_			
Par	rt 2: Give Details About Mo	nthly Income								
	mate monthly income as of the duse unless you are separated.	late you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing spouse have m e space, attach a separate sheet to		ombine the informatio	n for all	empl	oyers for t	hat perso	n on the li	nes below. If	you need
						For Deb	tor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	5,7	761.69	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	5,76	1.69	\$	N/A	

Official Form 106l Schedule I: Your Income page 1

					number (<i>if kno</i> v	,			
				For I	Debtor 1			Debtor 2 or filing spouse	
Co	py line 4 here	4.		\$	5,761.0	69	\$	N/A	
5. Lis	at all payroll deductions:								
5a.		5a.	ı.	\$	1,695.0	00	\$	N/A	
5b.	•	5b.		\$	0.0		\$	N/A	-
5c.	·	5c.		\$	118.0		\$	N/A	_
5d.	·	5d	١.	\$	0.0		\$	N/A	_
5e.	Insurance	5e.		\$	0.0	00	\$	N/A	-
5f.	Domestic support obligations	5f.		\$	0.0	00	\$	N/A	-
5g.	Union dues	5g.		\$	27.0	00	\$	N/A	=
5h.	Other deductions. Specify:	_ 5h	.+	\$	0.0	00	+ \$	N/A	-
6. Ad	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,840.0	00	\$	N/A	_
7. Ca	Iculate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,921.0	69	\$	N/A	-
8. Lis 8a.	at all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	0.0	10	\$	N/A	
8b.	•	8b.		\$ —	0.0		\$—	N/A	-
8c.			•	Ψ	0.0	<u>,,, </u>	Ψ	N/A	-
	settlement, and property settlement.	8c.		\$	0.0	00	\$	N/A	
8d.	Unemployment compensation	8d.		\$	0.0	00	\$	N/A	-
8e.	Social Security	8e.		\$	0.0	00	\$	N/A	-
8f. 8g. 8h.		8f. 8g. 8h.	١.	\$ \$	0.0	00	\$ \$ + \$	N/A N/A N/A	-
011.		_ 011	.+	\$ 	408.3		+ Φ		-
	gambling Daughter	_		\$ —	100.0 400.0		\$—	N/A N/A	-
	Daugniei	_	_	Ψ	400.0		Ψ_	IN/A	-
9. Ad	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		908.	33	\$	N/A	A
10. Ca	Iculate monthly income. Add line 7 + line 9.	10.	\$	4	,830.02 +	\$		N/A = \$	4,830.02
Ad	d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L							,
Inc oth Do	ate all other regular contributions to the expenses that you list in <i>Schedule</i> lude contributions from an unmarried partner, members of your household, your liver friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	depe						chedule J. 11. +\$	0.00
Wr	d the amount in the last column of line 10 to the amount in line 11. The resite that amount on the Summary of Schedules and Statistical Summary of Certaiolies							12. \$ Combin	
13. D o	you expect an increase or decrease within the year after you file this form No.	?						monthl	y income
	Yes. Explain:								

		Car tail and						
17111	in this informa	tion to identify yo	our case:					
Deb	tor 1	Pamela S. W	ills				if this is:	
Deb	tor 2					_	An amended filing	ving postpetition chapter
	ouse, if filing)							the following date:
Unite	ed States Bankr	ruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO)	N	MM / DD / YYYY	
	e number nown)							
Of	ficial Fo	rm 106J						
		J: Your	Exper	ISAS				12/15
Be a	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer eve	s possible eded, atta ry questio	If two married people a ch another sheet to this				
Part 1.	Is this a joir	ibe Your House nt case?	enoia					
	■ No. Go to	line 2.	in a separ	ate household?				
	ss s							
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Debto	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.		Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Daughter		37	Yes
								□ No □ Yes
					-			☐ Yes
								☐ Yes
								□No
								☐ Yes
3.	expenses of	enses include f people other t d your depende	han $_{m \sqcap}$	No Yes				
Part	t 2: Estim	ate Your Ongoi	ng Month	y Expenses				
exp				uptcy filing date unless y is filed. If this is a sup				
Incl	ude expense	s paid for with	non-cash	government assistance	if you know			
the		h assistance an		luded it on Schedule I:			Your expe	enses
4.		or home owners		ses for your residence. r lot.	Include first mortgage	e 4. \$		1,229.00
	If not includ	led in line 4:						
						4- 0		2.22
		estate taxes rty, homeowner's	e or rentor	's insurance		4a. \$ 4b. \$		0.00 0.00
	•	•		ipkeep expenses		40. \$ 4c. \$		0.00
		owner's associat				4d. \$		0.00
5.	Additional r	nortgage paym	ents for yo	our residence, such as ho	ome equity loans	5. \$		0.00

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Deb	tor 1 Pamela S. Wills	Case num	ber (if known)	
6.	Utilities:			
٥.	6a. Electricity, heat, natural gas	6a.	\$	175.00
	6b. Water, sewer, garbage collection	6b.	\$	50.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	250.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies		\$	700.00
В.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	100.00
	Personal care products and services	10.	\$	125.00
	Medical and dental expenses	11.		200.00
	Transportation. Include gas, maintenance, bus or train fare.	• • • • • • • • • • • • • • • • • • • •	<u> </u>	200.00
	Do not include car payments.	12.	\$	240.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	125.00
	Charitable contributions and religious donations	14.	\$	35.00
	Insurance.		· -	
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	210.00
	15d. Other insurance. Specify: farm liability ins	15d.	\$	175.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify: IRS; Installment payment	16.	\$	225.00
17.	Installment or lease payments:			_
	17a. Car payments for Vehicle 1	17a.	*	784.00
	17b. Car payments for Vehicle 2	17b.	*	0.00
	17c. Other. Specify:	17c.		0.00
	17d. Other. Specify:	17d.	\$	0.00
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
19.	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
20.	Other real property expenses not included in lines 4 or 5 of this form or on Sch			
	20a. Mortgages on other property	20a.	·	0.00
	20b. Real estate taxes	20b.	· -	0.00
	20c. Property, homeowner's, or renter's insurance	20c.		0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify: Haircare	21.	+\$	35.00
	cow feed		+\$	150.00
22	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		٠	4 808 00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	4,808.00
			·	4 000 00
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,808.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,830.02
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	4,808.00
	22a Cubtract your monthly avanage from your monthly income			
		23c.	\$	22.02
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	2

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.

☐ Yes.

Explain here: Debtor is caring for her terminally ill daughter who lives with her who is currently suffering from a brain tumer. Debtor is providing food and household expenses for her as well as transportation to medical and hospital visits.

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Fill in this infor	mation to identify your	case:			
Debtor 1	Pamela S. Wills				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	SOUTHERN DISTRIC	T OF OHIO		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official For	m 106Dec				
Declara ¹	tion About a	an Individua	l Debtor's S	chedules	12/15
	18 U.S.C. §§ 152, 1341, 1				
O.g	JII Delow				
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill ou	t bankruptcy forms?	
■ No					
☐ Yes.	Name of person				ruptcy Petition Preparer's Notice,
				Declaration,	and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sun	nmary and schedules f	iled with this declaration	n and
X /s/ Pai	mela S. Wills		X		
	la S. Wills			of Debtor 2	
Signatu	ure of Debtor 1		-		
Date	January 22, 2021		Date		
Date	January ZZ. ZUZT		Dale		

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Fill	in this inforn	nation to identify you	r case:			
Deb	tor 1	Pamela S. Wills First Name	Middle Norse	Loot Name		
Deb	otor 2	First Name	Middle Name	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT O	OF OHIO		
Cas (if kn	e number					check if this is an mended filing
Sta Be a infor	s complete a	of Financial	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for sup y additional pages, write you	
Par	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is you	current marital statu	s?			
	☐ Married■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>i</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	dress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
	■ No □ Yes. Ma	ike sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
Par	Explai	n the Sources of You	r Income			
4.	Fill in the total	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	last calenda nuary 1 to De	r year: cember 31, 2020)	■ Wages, commissions, bonuses, tips	\$62,481.62	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Pamela S. Wills Case number (if known)

(January 1 to December 31, 2018)	Wages, commissions, bonuses, tips	·	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
5. Did you receive any other income Include income regardless of whe and other public benefit payments winnings. If you are filing a joint call List each source and the gross income.	; pensions; rental income; inter ase and you have income that y	you received together, list it o	nly once under Debtor 1.	nd gambling and lottery
Include income regardless of whe and other public benefit payments winnings. If you are filing a joint ca	; pensions; rental income; inter ase and you have income that y	you received together, list it o	nly once under Debtor 1.	nd gambling and lottery
Include income regardless of whe and other public benefit payments winnings. If you are filing a joint cat List each source and the gross inc	; pensions; rental income; interase and you have income that younge from each source separa	you received together, list it o	nly once under Debtor 1. nat you listed in line 4. Debtor 2	
Include income regardless of whe and other public benefit payments winnings. If you are filing a joint cat List each source and the gross inc	; pensions; rental income; inter ase and you have income that y come from each source separa	you received together, list it o	nly once under Debtor 1.	Gross income (before deductions and exclusions)
Include income regardless of whe and other public benefit payments winnings. If you are filing a joint cat List each source and the gross inc	pensions; rental income; interase and you have income that you have income that you make from each source separa Debtor 1 Sources of income	you received together, list it of tely. Do not include income the tely. Do not include income the tely. Gross income from each source (before deductions and	nat you listed in line 4. Debtor 2 Sources of income	Gross income (before deductions
Include income regardless of whe and other public benefit payments winnings. If you are filing a joint cat List each source and the gross income No Yes. Fill in the details. For last calendar year:	pensions; rental income; interase and you have income that you have income that you make a separate the source separate the source of the sour	gross income from each source (before deductions)	nat you listed in line 4. Debtor 2 Sources of income	Gross income (before deductions
Include income regardless of whe and other public benefit payments winnings. If you are filing a joint call List each source and the gross income No Yes. Fill in the details. For last calendar year: (January 1 to December 31, 2020)	pensions; rental income; interase and you have income that you have income that you make a second from each source separa Debtor 1 Sources of income Describe below. farm rent	Gross income from each source (before deductions) \$4,900.00	nat you listed in line 4. Debtor 2 Sources of income	Gross income (before deductions

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

■ No. Go to line 7

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

^{*} Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

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Case number (if known)

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pay	yment for
7.	Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general par of which you are an officer, director, person in a business you operate as a sole proprietor. 17 alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partner r more of their voting	erships of which you g securities; and ar	u are a genera ny managing ag	l partner; corporations gent, including one for
	No☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	this payment
8.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi No		ments or transfer a	any property on ac	ccount of a de	bt that benefited an
	Yes. List all payments to an insider Insider's Name and Address	Dates of payment	Total amount	Amount you still owe	Reason for t	this payment
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	e case
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address			oreclosed, garnis	hed, attached	, seized, or levied? Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment becan a No Yes. Fill in the details.		uding a bank or fir	nancial institution	, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date a	action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or as No Yes		rty in the possess	ion of an assigned	e for the bene	fit of creditors, a

Debtor 1 Pamela S. Wills

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Del	otor 1	Pamela S. Wills			Case number (if known)	
Pai	rt 5:	List Certain Gifts and Contributions	3				
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.						
		with a total value of more than \$600 person	D	Describe the gifts		Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:						
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No □ Yes. Fill in the details for each gift or contribution.						
	Gifts more Char	or contributions to charities that to e than \$600 ity's Name ess (Number, Street, City, State and ZIP Code)	otal	Describe what you contributed		Dates you contributed	Value
Pai	rt 6:	List Certain Losses					
15.	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No						
	☐ Yes. Fill in the details.						
	Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.				List pending	Date of your loss	Value of property lost
Par	rt 7:	List Certain Payments or Transfers					
16.	consu	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.					
	_	No Yes. Fill in the details.					
	Addr Emai	erson Who Was Paid ddress nail or website address erson Who Made the Payment, if Not You		Description and value of any property transferred		Date payment or transfer was made	Amount of payment
	A- H 1090 Suite Cinc surf	on. Richard A. Sadoff 01 Reed Hartman Hwy. e 110 sinnati, OH 45242 @fuse.net tor's sister				12-29-20	\$1,500.00
17.	promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.						
	_	No Yes. Fill in the details.					
		on Who Was Paid		Description and value of any prop transferred	perty	Date payment or transfer was made	Amount of payment

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Deb	btor 1 Pamela S. Wills			ase number (if known)	
18.	Within 2 years before you filed for bankr transferred in the ordinary course of you Include both outright transfers and transfers	ur business or financial aff	airs?		
	include gifts and transfers that you have alr			ecunty interest of monga	ge on your property). Do not
	Yes. Fill in the details.				
	Person Who Received Transfer Address	Description and property transfer		Describe any prope payments received paid in exchange	
	Person's relationship to you				
	Beechmonbt Honda	2014 Honda Ri	dgeline	Used as trade in f	
	Beechmont Ave. Cincinnati, OH 45245			Honda Pilot. No f received all went Main.	
	none			Walli.	
	Gregory & Elizabeth Moran 5525 Ripley Day Hill Dr. Ripley, OH 45167	sold real estate Dr., Georgetow		\$51,323.02 Debtor had to pay remediation costs	and
	none			expenses from clo proceeds.	osing
	Name of trust	Description and	value of the prope	rty transferred	Date Transfer was made
Par	rt 8: List of Certain Financial Accounts	, Instruments, Safe Depos	it Boxes, and Stor	age Units	
20.	Within 1 year before you filed for bankru sold, moved, or transferred? Include checking, savings, money marke houses, pension funds, cooperatives, as No Yes. Fill in the details.	et, or other financial accou	ınts; certificates o	•	
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	tution and Last 4 digits of Type of accou		t or Date accoun closed, sold, moved, or transferred	t was Last balance before closing o transfe
	Incenta Credit Union Aberdeen, OH	XXXX-	■ Checking □ Savings □ Money Marke □ Brokerage □ Other	July, 2020	\$0.00
21.	Do you now have, or did you have within cash, or other valuables?	n 1 year before you filed fo	r bankruptcy, any	safe deposit box or ot	her depository for securities,
	No				
	Yes. Fill in the details.	VAIIb a star to a t			D
	Name of Financial Institution	Who else had ac	cess to it?	escribe the contents	Do you still

Address (Number, Street, City, State and ZIP Code)

Address (Number, Street, City, State and ZIP Code)

have it?

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22.	Have you stored property in a storage unit or pla	ace other than your home within 1	year before you filed for bankruptcy?					
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
Par	t 9: Identify Property You Hold or Control for S	Someone Else						
23.	Do you hold or control any property that someo for someone.	ne else owns? Include any proper	ty you borrowed from, are storing for,	or hold in trust				
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Par	t 10: Give Details About Environmental Informa	ation						
For	the purpose of Part 10, the following definitions	apply:						
•	toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law, whether you now own, operate, o	r utilize it or use				
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic s	ubstance,				
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of wher	they occurred.					
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	under or in violation of an environme	ntal law?				
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or adminis	strative proceeding under any envi	ronmental law? Include settlements a	nd orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11: Give Details About Your Business or Con	nections to Any Business						
27.	Within 4 years before you filed for bankruptcy, o	•		business?				
	☐ A sole proprietor or self-employed in a to		·					
	☐ A member of a limited liability company	(LLC) or illilited liability partnersh	ıp (LLP)					

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Debtor 1 Pamela S. Wills

Case number (if known)

				· · ·					
		☐ A partner in a partnership							
		☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
		No. None of the above applies. Go to	Part 12.						
		Yes. Check all that apply above and fil	I in the details below for each business.						
		siness Name	Describe the nature of the business	Employer Identification number					
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.					
			·	Dates business existed					
28.		hin 2 years before you filed for bankrup titutions, creditors, or other parties.	tcy, did you give a financial statement to a	nyone about your business? Include all financial					
		No Yes. Fill in the details below.							
	Ad	me dress mber, Street, City, State and ZIP Code)	Date Issued						
Pai	t 12:	Sign Below							
are with 18 U	true n a ba J.S.C Pan	and correct. I understand that making a ankruptcy case can result in fines up to c. §§ 152, 1341, 1519, and 3571. nela S. Wills	false statement, concealing property, or o \$250,000, or imprisonment for up to 20 year	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.					
		a S. Wills ire of Debtor 1	Signature of Debtor 2						
Dat	te _	January 22, 2021	Date						
Did ■ N	10	attach additional pages to Your Statem	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?					
	10		t an attorney to help you fill out bankrupto						

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Ohio

In re	Pamela S. Wills	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSUDE OF CON	MPENSATION OF ATTOR	NEV EOD D	EDTAD(C)	
				` ,	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P compensation paid to me within one year before the rendered on behalf of the debtor(s) in contempt	he filing of the petition in bankruptcy,	or agreed to be pai	d to me, for services reno	dered or to
	For legal services, I have agreed to accept		\$	1,500.00	
	Prior to the filing of this statement I have rec			1,500.00	
	Balance Due			0.00	
2. ′	The source of the compensation paid to me was:				
	☐ Debtor ☐ Other (specify): ☐	Debtor's sister			
3. ′	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed	d compensation with any other person to	inless they are mer	mbers and associates of n	ny law firm.
	☐ I have agreed to share the above-disclosed corcopy of the agreement, together with a list of				v firm. A
5.	In return for the above-disclosed fee, I have agree	ed to render legal service for all aspects	of the bankruptcy	case, including:	
1	 a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule c. Representation of the debtor at the meeting of 	es, statement of affairs and plan which	may be required;	-	ptcy;
•	d. [Other provisions as needed] Negotiations with secured creditor reaffirmation agreements and appl 522(f)(2)(A) for avoidance of liens of	lications as needed; preparation	mption planning and filing of mo	g; preparation and fili tions pursuant to 11	ing of USC
5. I	By agreement with the debtor(s), the above-disclo Representation of the debtors in a any other adversary proceeding.			ces, relief from stay a	actions or
		CERTIFICATION			
	I certify that the foregoing is a complete statemen bankruptcy proceeding.	t of any agreement or arrangement for	payment to me for	representation of the deb	otor(s) in
J	anuary 22, 2021	/s/ Richard A Sado	off		
D	Oate	Richard A Sadoff Signature of Attorney Law Office of Rich 10901 Reed Hartm	nard A. Sadoff, A	Attorney-at-Law	
		Ste. 110	_		
		Cincinnati, OH 452 513-791-6222 Fax			
		surf@fuse.net			
		Name of law firm			

Fill in this info	ormation to identify your case:					irected in this form and	in Form
Debtor 1	Pamela S. Wills		122	2A-1Su	ipp:		
Debtor 2 (Spouse, if filing)				□ 1. T	here is no pres	umption of abuse	
United States	Bankruptcy Court for the: Southern District	of Ohio		a	applies will be m	o determine if a presurnade under <i>Chapter</i> 7	
Case numbe (if known)	r			□ 3. T	he Means Test	cial Form 122A-2). does not apply now be	
				C	qualified military	service but it could ap	oply later.
.				☐ Ch	eck if this is a	n amended filing	
	Form 122A - 1						
Chapte	r 7 Statement of Your Cu	rrent Moi	nthly Inc	omo	е		04/2
attach a separa case number (i qualifying milit	e and accurate as possible. If two married people ate sheet to this form. Include the line number to a fix	which the addition om a presumption	nal information a of abuse becau	applies. se you	On the top of ar	ny additional pages, wri narily consumer debts o	te your name and or because of
1. What is	your marital and filing status? Check one o	nly.					
■ Not i	married. Fill out Column A, lines 2-11.	•					
	ied and your spouse is filing with you. Fill o	ut both Columns	A and B, lines	2-11.			
	ied and your spouse is NOT filing with you.						
□ Li	ving in the same household and are not leg	ally separated.	Fill out both Co	lumns	A and B, lines 2	2-11.	
p	ving separately or are legally separated. Fill enalty of perjury that you and your spouse are ving apart for reasons that do not include evadi	legally separated	d under nonban	kruptcy	y law that applie	es or that you and you	
101(10A). F the 6 month	verage monthly income that you received from all or example, if you are filing on September 15, the 6-rs, add the income for all 6 months and divide the tota n the same rental property, put the income from that	nonth period would al by 6. Fill in the re	be March 1 throusult. Do not include	ugh Aug de any ir	ust 31. If the amo	ount of your monthly incomore than once. For examp	ne varied during ble, if both
				Colun		Column B Debtor 2 or non-filing spouse	
	ross wages, salary, tips, bonuses, overtime, deductions).	and commission	ons (before all	\$	5,761.69	\$	
Column	y and maintenance payments. Do not include B is filled in.		·	\$	0.00	\$	
of you of from an	ounts from any source which are regularly por your dependents, including child support unmarried partner, members of your househol mmates. Include regular contributions from a s	t. Include regular d, your depende	r contributions nts, parents,		0.00		
	Do not include payments you listed on line 3.	_		\$	0.00	\$	
5. Net ince	ome from operating a business, profession		otor 1				
Gross re	eceipts (before all deductions)	\$ 0.00					
	y and necessary operating expenses	-\$ 0.00					
	nthly income from a business, profession, or fa	rm \$ 0.00	Copy here ->	\$	0.00	\$	
6. Net ince	ome from rental and other real property						
			otor 1				
	eceipts (before all deductions)	\$0.00					
	y and necessary operating expenses	-\$ 0.00	Conv. horo	¢.	0.00	¢	
	nthly income from rental or other real property	\$	Copy here ->		0.00	\$	
Interest	t, dividends, and royalties			\$	0.00	T	

Official Form 122A-1

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gambling \$ 10 Total amounts from separate pages, if any. + \$	Del	Jumn B btor 2 or n-filing spo	ouse
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ \$ Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below • farm income	0.00 \$_ 408.33 \$_ 100.00 \$_ 0.00 \$_		
the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ \$ Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. • farm income gambling Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for	408.33 \$_ 100.00 \$_ 0.00 \$_		
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below farm income gambling Total amounts from separate pages, if any. **Calculate your total current monthly income. Add lines 2 through 10 for	408.33 \$_ 100.00 \$_ 0.00 \$_		
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below farm income gambling Total amounts from separate pages, if any. **Calculate your total current monthly income. Add lines 2 through 10 for	408.33 \$_ 100.00 \$_ 0.00 \$_		
benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below farm income gambling Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for	408.33 \$_ 100.00 \$_ 0.00 \$_		
Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below farm income gambling Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for	0.00 \$ 0.00 \$		
gambling \$ 10 Total amounts from separate pages, if any. + \$ Calculate your total current monthly income. Add lines 2 through 10 for	0.00 \$ 0.00 \$		
Total amounts from separate pages, if any. + \$ Calculate your total current monthly income. Add lines 2 through 10 for	0.00 \$		
Calculate your total current monthly income. Add lines 2 through 10 for] [
	+ \$		
2: Determine Whether the Means Test Applies to You] [Total current me
Calculate your current monthly income for the year. Follow these steps:			
	/ line 11 here=	:> [\$6,270
Multiply by 12 (the number of months in a year)			x 12
12b. The result is your annual income for this part of the form		12b.	\$ 75,240
Calculate the median family income that applies to you. Follow these steps:		L	
Fill in the state in which you live.			
Fill in the number of people in your household.		_	
Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate for this form. This list may also be available at the bankruptcy clerk's office.	te instructions	13.	\$ 66,242
How do the lines compare?			
14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no</i>		of abuse.	
Go to Part 3. Do NOT fill out or file Official Form 122A-2.	no presumption		
			orm 122A-2.

Pamela S. Wills
Official Form 122A-1

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Debtor 1	Pamela S. Wills	Case number (if known)	
	Signature of Debtor 1		
Da	Ate January 22, 2021 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form	n.	

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	in this information to identify your case: btor 1 Pamela S. Wills		heck the appropriatenes 40 or 42:	
Dol	btor 2		According to the calcul Statement:	ations required by this
1	ouse, if filing)	_	Statement.	
Uni	ited States Bankruptcy Court for the: Southern District of Ohio	_	■ 1. There is no presu	umption of abuse.
	se number	_	☐ 2. There is a presur	nption of abuse.
(if k	known)		Check if this is an ar	 nended filina
Of	ficial Form 122A - 2			Ü
	napter 7 Means Test Calculation			04/1
	ill out this form, you will need your completed copy of Chapter 7 State	ment of Your Current N	lonthly Income (Officia	I Form 122A-1).
spa add	as complete and accurate as possible. If two married people are filing to ce is needed, attach a separate sheet to this form, Include the line numitional pages, write your name and case number (if known). The complete and accurate as possible. If two married people are filing to the complete sheet as possible. If the complete sheet are the complete sheet as possible. If two married people are filing to the complete sheet as possible. If two married people are filing to the complete sheet as possible. If two married people are filing to the complete sheet and accurate as possible. If two married people are filing to the complete sheet are filing to the complete sheet as possible. If two married people are filing to the complete sheet are filing to the complete sheet as possible. If two married people are filing to the complete sheet are filing to the complete sheet as possible. If two married people are filing to the complete sheet are filing to the complete sheet as possible sheet are filing to the complete sheet as possible sheet are filing to the complete sheet as possible sheet are filing to the complete sheet as possible sheet are filing to the complete sheet are filing to the complete sheet as possible sheet are filing to the complete sheet are filing to the co			
1.	Copy your total current monthly income. Copy line 1	1 from Official Form 12	2A-1 here=>\$	6,270.02
			-	
2.	Did you fill out Column B in Part 1 of Form 122A-1?			
	No. Fill in \$0 for the total on line 3.			
	Yes. Is your spouse Filing with you?			
	□ No. Go to line 3.			
	☐ Yes. Fill in \$0 for the total on line 3.			
3.	Adjust your current monthly income by subtracting any part of your household expenses of you or your dependents. Follow these steps:			
	On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents?	u reported for your spous	e NOT regularly used fo	or the household
	■ No. Fill in 0 for the total on line 3.			
	☐ Yes. Fill in the information below:			
	State each purpose for which the income was used	Fill in the amou	nt you	
	For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.	are subtracting your spouse's i		
		\$		
			_	
		\$	_	
		\$	_	
	Total.	\$ 0.00	<u>)</u>	
			Copy total here=>	- \$0.00
,	Adjust your current monthly income. Subtract line 3 from line 1			\$ 6,270.02

Official Form 122A-2

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Debtor 1	Pamela S. Wills		_	Case num	ber (<i>if known</i>)			
Part 2:	Calculate Your Deductions from Your Income							
to ar	Internal Revenue Service (IRS) issues National and L nswer the questions in lines 6-15. To find the IRS star fuctions for this form. This information may also be a	ndards, go	online u	sing the link sp	ecified in			
your	uct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Done in line 3 and do not deduct any operating expenses the	o not dedu	ct any am	ounts that you si	ubtracted fi	o your spous	e's	
If you	ur expenses differ from month to month, enter the average	je expense						
Whe	never this part of the from refers to you, it means both yo	ou and you	spouse if	Column B of Fo	rm 122A-1	is filled in.		
5.	The number of people used in determining your ded	uctions fro	om incom	е				
	Fill in the number of people who could be claimed as explus the number of any additional dependents whom you the number of people in your household.					2	2	
Natio	onal Standards You must use the IRS National	l Standards	s to answe	r the questions i	n lines 6-7			
6.	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and			n line 5 and the	IRS Nation	al	\$	1,298.00
	7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categoriespeople who are under 65 and people who are 65 or olderbecause older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.							
Peop	ole who are under 65 years of age							
	7a. Out-of-pocket health care allowance per person	\$	56.00					
	7b. Number of people who are under 65	X	2					
	7c. Subtotal. Multiply line 7a by line 7b.	\$	112.00	Copy he	ere=> \$	112.0	<u>0</u>	
Peop	ole who are 65 years of age or older							
	7d. Out-of-pocket health care allowance per person	\$	125.00					
	7e. Number of people who are 65 or older	X	0					
	7f. Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy he	ere=> +\$	0.0	<u>o</u> _	

112.00

Copy total here=> \$

7g. Total. Add line 7c and line 7f

112.00

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Debtor 1 Pamela S. Wills Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. ⁻	Trustee Program has divided the	IRS Local Standard for housing for	or
bankruptcy purposes into two parts:			

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

This chart may also be available at the bankruptcy clerk's office.

- 9. Housing and utilities Mortgage or rent expenses:

 - 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average paymer	e monthly nt
Brown County Auditor	\$	33.33
First State Bank	\$	1,229.00

			Camir			Repeat this
-	•	1.262.33	Сору	•	4 262 22	amount on
Total average monthly payment	\$	1,202.33	here=>	-\$	1,262.33	line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage	0.00	Сору	
or rent expense). If this amount is less than \$0, enter \$0	\$ 0.00	here=> \$	0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☐ 1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 376.00

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		Documei	nt Pa	ge 47 of	57			
ebtor 1	Pame	ela S. Wills			Case number	(if known)		
13.	You may	ownership or lease expense: Using the IRS Local not claim the expense if you do not make any loan n two vehicles.						
Ve	hicle 1	Describe Vehicle 1: 2018 Honda Pilot 60,00	00 miles					
13a.	Ownersh	ip or leasing costs using IRS Local Standard			\$	521.00		
13b.	•	monthly payment for all debts secured by Vehicle 1 clude costs for leased vehicles.						
	are contr	late the average monthly payment here and on line ractually due to each secured creditor in the 60 mon cy. Then divide by 60.			t			
	Nar	ne of each creditor for Vehicle 1	Average r	monthly				
	Но	nda Finance	\$	614.13				
		Total Average Monthly Payment	\$	614.13	Copy here =>	-\$614.	Repeat this amount on line 33b.	
13c.		cle 1 ownership or lease expense line 13b from line 13a. if this amount is less than \$0), enter \$0.		\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Vel	hicle 2	Describe Vehicle 2:						
13d.	Ownersh	ip or leasing costs using IRS Local Standard			. \$	0.00		
13e.	Average leased vo	monthly payment for all debts secured by Vehicle 2 ehicles.	. Do not incl	ude costs fo				
	Nar	ne of each creditor for Vehicle 2	Average r	monthly				
	-NC	DNE-	_ \$					
		Total Average Monthly Payment	\$	0.00	Copy here => -\$ _	0.00	Repeat this amount on line 33c.	
13f.		cle 2 ownership or lease expense line 13e from line 13d. if this amount is less than \$0), enter \$0		\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public tr	ransportation expense: If you claimed 0 vehicles in	n line 11, usi	ng the IRS L	ocal Standa	ards, fill in the <i>F</i>	Public	0.00

Transportation expense allowance regardless of whether you use public transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

0.00

0.00

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Oth	, i	n addition to the expense deductions listed above, you are allowed your monthly expenses he following IRS categories.	for	
16.	self-employment taxes, social your pay for these taxes. How	nount that you will actually owe for federal, state and local taxes, such as income taxes, al security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 m the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, sa	ales, or use taxes.	\$	1,650.00
17.	Involuntary deductions: The contributions, union dues, and	e total monthly payroll deductions that your job requires, such as retirement duniform costs.		
	Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payme	onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life ts, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	0.00
19.		The total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments on	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly as a condition for your job	y amount that you pay for education that is either required:		
		atally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly	amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for	any elementary or secondary school education.	\$	0.00
22.	that is required for the health	enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid Include only the amount that is more than the total entered in line 7.		
	Payments for health insurance	ce or health savings accounts should be listed only in line 25.	\$	88.00
23.	for you and your dependents	ephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer.		
	. ,	basic home telephone, internet and cell phone service. Do not include self-employment orted on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	30.00
24.	Add all of the expenses allowed Add lines 6 through 23.	owed under the IRS expense allowances.	\$	4,172.00

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Add	litional Expense Deductions These are additional ded	luctions allowed b	by the Means Test.		
	Note: Do not include any	expense allowan	ices listed in lines 6-24.		
25.	Health insurance, disability insurance, and health savi insurance, disability insurance, and health savings account your dependents.			or	
	Health insurance	\$ 116.00	_		
	Disability insurance	\$ 0.00	_		
	Health savings account	\$ 0.00			
	Total	\$116.00	Copy total here=>	\$	116.00
	Do you actually spend this total amount?				
	□ No. How much do you actually spend?	Φ.			
	Yes	\$			
26.	Continued contributions to the care of household or facontinue to pay for the reasonable and necessary care and				
	your household or member of your immediate family who i include contributions to an account of a qualified ABLE pro	is unable to pay for	or such expenses. These expenses may	\$	400.00
27.	Protection against family violence. The reasonably necessafety of you and your family under the Family Violence Protection against family under the Family Violence Protection against family violence.	essary monthly ex revention and Se	xpenses that you incur to maintain the rvices Act or other federal laws that apply.		
	By law, the court must keep the nature of these expenses	confidential.		\$	0.00
28.	Additional home energy costs. Your home energy costs line 8.	are included in y	our insurance and operating expenses on		
	If you believe that you have home energy costs that are m 8, then fill in the excess amount of home energy costs.	ore than the hom	e energy costs included in expenses on line)	
	You must give your case trustee documentation of your acamount claimed is reasonable and necessary.	ctual expenses, a	nd you must show that the additional	\$	0.00
29.	Education expenses for dependent children who are y \$170.83* per child) that you pay for your dependent children public elementary or secondary school.	rounger than 18. en who are young	The monthly expenses (not more than per than 18 years old to attend a private or		
	You must give your case trustee documentation of your acclaimed is reasonable and necessary and not already according to the control of the c				
	* Subject to adjustment on 4/01/22, and every 3 years after	er that for cases b	egun on or after the date of adjustment.	\$	0.00
30.	Additional food and clothing expense. The monthly ambigher than the combined food and clothing allowances in than 5% of the food and clothing allowances in the IRS Na	the IRS National	Standards. That amount cannot be more		
	To find a chart showing the maximum additional allowance instructions for this form. This chart may also be available				
	You must show that the additional amount claimed is reasonable.	onable and neces	ssary.	\$	0.00
31.	Continuing charitable contributions. The amount that ye instruments to a religious or charitable organization. 26 U.			+\$	35.00
32.	Add all of the additional expense deductions. Add lines 25 through 31.			\$	551.00

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	ctions for Debt Payment					
	•					
	or debts that are secured by an intere ans, and other secured debt, fill in lir	est in property that you own, including hon nes 33a through 33e.	ne mor	tgages, vehicle		
	o calculate the total average monthly pa reditor in the 60 months after you file for	yment, add all amounts that are contractually bankruptcy. Then divide by 60.	due to	each secured		
	Mortgages on your home:					verage monthly ayment
33a.	Copy line 9b here				=> \$	1,262.33
	Loans on your first two vehicles:					
33b.	Copy line 13b here			1	=> \$	614.13
33c.					=> \$	0.00
33d.	List other secured debts:			_		
Name	of each creditor for other secured debt	Identify property that secures the debt		Does paymen include taxes insurance?		
				□ No		
	-NONE-			□ Yes	\$	
					Ψ	
				□ No		
				☐ Yes	\$	
				□ No		
				□ Yes	+\$	
					, i	
					Сору	
33e.	Total average monthly payment. Add li	nes 33a through 33d	\$	1,876.46	total here=>	, \$ 1,876.40
						, φ 1,070.4
0	r other property necessary for your solution. Go to line 35. Yes. State any amount that you mus	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments assion of your property (called the cure amount)	cle,			<u> </u>
	No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments assion of your property (called the cure amount)	cle,	Total cure amount		Monthly cure amount
Nam	No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments is sion of your property (called the <i>cure amount</i> information below.	cle,	amount	÷ 60 = \$	Monthly cure amount
Nam	r other property necessary for your solution. No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments is sion of your property (called the <i>cure amount</i> information below.	cle,	amount		Monthly cure amount
Nam	r other property necessary for your solution. No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments is sion of your property (called the <i>cure amount</i> information below.	cle,	amount	÷ 60 = ∜	Monthly cure amount
Nam	r other property necessary for your solution. No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments assion of your property (called the <i>cure amount</i> information below. Identify property that secures the debt	cle,	amount	÷60 = \$	Monthly cure amount
Nam -NC	r other property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the e of the creditor NE- o you owe any priority claims such as	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments assion of your property (called the cure amounts information below. Identify property that secures the debt To	cle,	amount \$	÷ 60 = \$	Monthly cure amount
Namm	r other property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the e of the creditor. NE- o you owe any priority claims such as the past due as of the filing date of your set.	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments assion of your property (called the cure amounts information below. Identify property that secures the debt To	cle,	amount \$	÷ 60 = \$	Monthly cure amount
Nam -NC	r other property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the e of the creditor. NE- o you owe any priority claims such as the past due as of the filing date of your line. No. Go to line 36.	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments assion of your property (called the cure amounts information below. Identify property that secures the debt To as a priority tax, child support, or alimony ar bankruptcy case? 11 U.S.C. § 507.	cle,	amount \$	÷ 60 = \$	Monthly cure amount

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Debtor 1	Pam	ela S. Wills			Case n	number (if known)			
F	or more	eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for Bankruptcy Bases for this form. Bankruptcy Basics may also be availab	sics spec						
	No.	Go to line 37.							
	_	Fill in the following information.							
		Projected monthly plan payment if you were filing under	er Chapte	er 13	\$				
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for d and North Carolina) or by the Executive Office for Unit (for all other districts).	listricts in	Alabama	Х				
		To find a list of district multipliers that includes your district the link specified in the separate instructions for this for the available at the bankruptcy clerk's office.					Сору	y total	
		Average monthly administrative expense if you were fi	ling unde	r Chapter 13		\$	here	=> \$	
		of the deductions for debt payment. s 33e through 36.						\$	2,037.60
Total	Deduc	tions from Income							
38. A	dd all o	f the allowed deductions.							
		e 24, All of the expenses allowed under IRS e allowances	\$	4,172	.00				
(Copy lin	e 32, All of the additional expense deductions	\$	551	.00				
(Copy lin	e 37, All of the deductions for debt payment	+\$	2,037	.60	\neg			
		Total deductions	\$	6,760	.60	Copy total h	nere=	> \$	6,760.60
Part 3:	Det	ermine Whether There is a Presumption of Abuse							
39. C	alculate	e monthly disposable income for 60 months							
;	39a. Co	py line 4, adjusted current monthly income	\$	6,270	.02				
;	39b. Co	py line 38, Total deductions	- \$	6,760	.60				
;		nthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	-490	.58	Copy here=>\$		-490.58	
ı	or the	next 60 months (5 years)				_	x 60		
	and To	tal. Multiply line 39c by 60	3	9d. \$	-29	9,434.80	Сору	\$	-29,434.80
`	Jou. 10	with with the cost by the		σα. <u> </u> —			here=>		20, 10 1100
40. F i	ind out	whether there is a presumption of abuse. Check the	box that	applies:					
	The I	ine 39d is less than \$8,175*. On the top of page 1 of the	nis form,	check box 1,	There	e is no presun	nption of ab	ouse. Go to	Part 5.
		ine 39d is more than \$13,650*. On the top of page 1 o	f this forn	n, check box	2, The	ere is a presu	mption of a	<i>buse.</i> You	may fill out
	The I	ine 39d is at least \$8,175*, but not more than \$13,65	0*. Go to	line 41.					
*5	Subject	to adjustment on 4/01/22, and every 3 years after that for	or cases	filed on or afte	er the	date of adjus	tment.		

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Debtor 1	Pam	ela S. Wills	Case number (if known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled of A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.			
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)	``	Copy here=>	\$
		Multiply line 41a by 0.25			
25	% of y	ne whether the income you have left over after subtracting all allowed de your unsecured, nonpriority debt. e box that applies:	eductions is enough to pay	/	
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> Part 5.	ere is no presumption of abu	ise.	
		39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. T			
Part 4:	Giv	ve Details About Special Circumstances			
		we any special circumstances that justify additional expenses or adjustmetalternative? 11 U.S.C. § 707(b)(2)(B).	ents of current monthly in	come f	or which there is no
i cas	JIIabie	s alternative: 11 0.3.C. § 707(b)(2)(b).			
	lo. Go	o to Part 5.			
□ Y		I in the following information. All figures should reflect your average monthly em. You may include expenses you listed in line 25.	xpense or income adjustme	nt for ea	ach
	ne	ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.			
	G	Sive a detailed explanation of the special circumstances	Average monthly expense or income adjustment	è	
			\$		
			\$		
			\$		
			\$		
Part 5:	Sin	ın Below			
art 5.	_	gning here, I declare under penalty of perjury that the information on this state	ment and in any attachment	ts is true	and correct.
	•	/ Pamela S. Wills		.0 .0 00	
	Pa	amela S. Wills			
Da	ite Ja	gnature of Debtor 1 Inuary 22, 2021			
	M	M/DD/YYYY			

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
_	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Barclay Bank PO Box 8803 Wilmington, DE 19899

Brown County Auditor 800 Mt Orab Pk #181 Georgetown, OH 45121

Capio Partners 1745 N Brown Rd #450 Lawrenceville, GA 30043

Citi Card PO Box 9001037 Louisville, KY 40290

Discover Card P.O. Box 6011 Dover, DE 19903

Fifth Third Bank P.O. Box 630778 Cincinnati, OH 45263

First State Bank

Honda Finance P.O. Box 168088 Irving, TX 75016

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19114

JP Morgan Chase PO Box 659754 San Antonio, TX 78265

Synchrony Bank PO Box 960061 Orlando, FL 32896